Winter 2022

Holderness Recreation Department 2022

Program Registration Sheet

Participant Names	M/F	DOB	Grade	Program	Cost
Would you like to round up	your fe	e to contribute	to the sch	olarship fund? A	mt. added
					Total
Parent Guardian Names:					
Physical Address:					
Mailing Address:					
Mailing Address:Preferred Phone #		. Work		. Cell	
# to receive text messages		<u></u>		Carrier (Verizon ec	
E-mail Address					
Emergency Contact (other tha	n vourse	elf):		Phone:	
Allergies/Medications/Medica					
Please make checks payable NH 03245. You can now register of portal and need to create an accomprogram fee must be paid in advarganticipants are subject to cancellar	nline at <u>v</u> ant. Once ance to gu	www.holderness-nhe you have created arantee your place	.gov and visit an account, yo ment in a prog call Wendy W	the recreation page. From can visit the program gram. Programs without rerner, Holderness Recreation and the recreation page.	om there you will visit the online a list and start registering. The ut the set minimum number of
	Holde	erness Recreati	on Release	Of All Claims	
for myself and my heirs, the Town of Hoprogram participants, from all actions, d I recognize there may be inherent of furthermore, I represent to the best of mobe transportation, by both bus and private give permission for myself and/or son/da I understand that, in case of an emethe event of a medical emergency, I conswith said treatment, including transporta I also understand that Holderness Rused by Holderness Recreation for adversed by Holderness Recreation. Promot	olderness, amages, clangers in py knowled to vehicle, aughter to rgency, Hesent to the tion to a necreation rtisement a ions may i	Holderness Recreation aims, and negligence participating in this rege, the participant is in that may be necessarible transported as such derness Recreation participant's treatment and facility. In any take pictures of and promotions. I given clude, flyers, Faceboard.	on, Holderness On, which may resecreation progration proper physically for implement, and I assume will attempt to the proper proper physical attempt to the proper permission ook, the Town Town Town Town Town Town Town Town	Central School, its agents, sult in personal injuries and am, which may present structure and condition to allow part tation of the activities and all risks associated with personate the person identification and I agree to be rewhile enrolled in this proper for mine or my child's personate the	ad/or damages. ain on the body and its parts, and icipation. I am aware that there may led or medical treatment, and therefore participation in this program. ied as the "emergency contact". In esponsible for all costs associated gram and that these pictures maybe
-			ъ.		scan to go to
SignatureParent Guardian or Particip	ant over	18 years	Date_		recreation webpage



Printed Name

















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Holderness Recreation

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing. The Holderness Recreation Department has put in place a set of preventative-guidelines for use of our Facilities to reduce the spread of COVID-19. The Holderness Recreation Department cannot guarantee, however, that you and/or your child(ren) will not become infected with COVID-19. It is also understood that using Holderness Recreation Department facilities could increase the risk of contracting COVID-19.

The Holderness Recreation Department cannot guarantee, however, that you and/or your child(ren) will not become infected with COVID-19. It is also understood that using Holderness Recreation Department facilities could increase the risk of contracting COVID-19. By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by using Holderness Recreation Department facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Holderness Recreation Department employees, volunteers, and program participants and their families. I voluntarily agree to assume all risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited, to illness, personal injury, permanent disability, and death. On my behalf, and on behalf of my children, I hereby release the Holderness Recreation Department, its employees, agents, and representatives from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Holderness Recreation Department, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at any Holderness Recreation Department facilities and programs. Signature of Parent/Guardian / Participant Date

Print Name of Parent/Guardian

Name of Participant (STUDENT/CHILD)